

ATTORNEY DOCKET NUMBER  
062891.0640

RECEIPT  
PATENT  
10/042,914

1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#2

In re Application of:

Malcolm M. Smith et al.

Serial No.:

10/042,914

Filing Date:

January 8, 2002

Title:

INCREASING NETWORK EFFICIENCY USING  
PACKET COMPRESSION AND DECOMPRESSION

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MAR 19 2002

Technology Center 2600

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Name

Feb 21, 2002  
Date

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Attached is a copy of the Official Filing Receipt received from the U.S. Patent and Trademark Office in the above-identified patent application for which issuance of a corrected filing receipt is respectfully requested.

In the title, delete "**dcompression**" and insert **-decompression-**. A corrected filing receipt is respectfully requested.

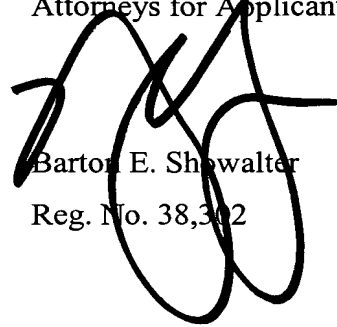
While it is believed that this is not an error by the Applicants, the Commissioner is hereby authorized to charge any amount required by this paper or credit any overpayment to Deposit Account No. 02-0384 of Baker Botts L.L.P.



Respectfully submitted this 20 day of February, 2002.

BAKER BOTTS L.L.P.

Attorneys for Applicants

A large, stylized handwritten signature in black ink, appearing to read 'B. Shewalter', is written over the printed name and registration number.

Barton E. Shewalter

Reg. No. 38,302

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/042,914	01/08/2002	2661	1394	062891.0640	4	33	8

**CONFIRMATION NO. 4526**

05073  
BAKER BOTTS L.L.P.  
2001 ROSS AVENUE  
SUITE 600  
DALLAS, TX 75201-2980

**FILING RECEIPT**



\*OC000000007455749\*

Date Mailed: 02/11/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

**Applicant(s)**

Malcolm M. Smith, Calgary, CANADA;  
Tmima Koren, Cupertino, CA;

**Assignment For Published Patent Application**

Cisco Technology, Inc.;

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

If Required, Foreign Filing License Granted 02/11/2002

**Projected Publication Date:** Request for Non-Publication Acknowledged

**Non-Publication Request:** Yes

**Early Publication Request:** No

**Title**

Increasing network efficiency using packet compression and ~~decompression~~ *decompression*

**Preliminary Class**

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Bib Data Sheet

CONFIRMATION NO. 4526

<b>SERIAL NUMBER</b> 10/042,914	<b>FILING DATE</b> 01/08/2002 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2665	<b>ATTORNEY DOCKET NO.</b> 062891.0640	
<b>APPLICANTS</b> Malcolm M. Smith, Calgary, CANADA; Tmima Koren, Cupertino, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/11/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 05073					
<b>TITLE</b> Increasing network efficiency using packet compression and decompression					
<b>FILING FEE RECEIVED</b> 1394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		